



AF/2700

Patent
226/051

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Russell A. Morris et al.

Serial No.: 09/314,578

Filed: May 18, 1999

For: DYNAMIC FORWARD ERROR
CORRECTION

Group Art Unit: 2133

Examiner: Stephen M. Baker

RECEIVED

MAY 15 2001

Technology Center 2100

AMENDMENT TRANSMITTAL

Box AF

Commissioner for Patents

Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- ☐ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00
2 months	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$390.00
3 months	<input type="checkbox"/> \$445.00	<input type="checkbox"/> \$890.00
4 months	<input type="checkbox"/> \$695.00	<input type="checkbox"/> \$1,390.00
5 months	<input type="checkbox"/> \$945.00	<input type="checkbox"/> \$1,890.00

- ☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

May 11, 2001

Date of Deposit

Linda Johnson

Name of Person Mailing Paper

Signature of Person Mailing Paper

B

- ☐ Extension fee due with this Request ____.
- ☒ If an additional extension of time is required, please consider this a petition therefor.

FEES FOR CLAIMS:

- ☐ Applicant claims small entity status pursuant to 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

	After Amd.	Prev. Paid					
Total Claims	12	- 50	= 0	x	\$18.00		\$0.00
Independent Claims	1	- 7	= 0	x	\$80.00		\$0.00
Multiple Dependent Claims	\$270	(if applicable)				<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS							\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.						<input type="checkbox"/>	\$0.00
TOTAL FEES FOR CLAIMS SUBMITTED HERewith							\$0.00

- ☐ A check in the amount of ____ is enclosed to cover the above fee(s).
- ☐ Charge Lyon & Lyon's Deposit Account No. **12-2475** in the amount of ____.
- ☒ The Commissioner is authorized to charge Lyon & Lyon's Deposit Account No. **12-2475** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **12-2475**.

Respectfully submitted,

LYON & LYON LLP

By: Patric J. Rawlins
Patric J. Rawlins
Reg. No. 47,887

Dated: May 11, 2001

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